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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ in accordance with *(please check only one)*:

- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* **OR**
- ☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)*:
- ☐ Wearing corrective lenses    ☐ Accompanied by a \_\_\_\_\_ waiver/exemption    ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*
- ☐ Wearing hearing aid    ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate    ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*
- ☐ Grandfathered from State requirements *(State)*

The information I have provided regarding this physical examination is true and complete.

A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**

**Signature of Medical Examiner**

**Medical Examiner's Telephone Number**

**Date Certificate Signed**

**Medical Examiner Name** *(please print or type)*

☐ MD    ☐ Physician Assistant    ☐ Advanced Practice Nurse

☐ DO    ☐ Chiropractor    ☐ Other Practitioner *(specify)* \_\_\_\_\_

**Medical Examiner's State License, Certificate, or Registration Number**

**Issuing State**

**National Registry Number**

**Signature of Driver**

**Driver's License Number**

**Issuing State/Province**

**Address of Driver**

**CLP/CDL Applicant/Holder**

Street: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ ☐ Yes ☐ No